PART B - FEE(S) TRANSMITTAL melete and send this form, together with applicable fee(s), to: Mail

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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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Authorized Signature

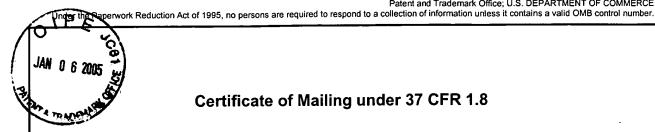
Typed or printed name K. Scott O'Brian

Date January 4, 2005

Registration No. 42,946

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Transmittal Form Fee Transmittal Form PART B - FEE(S) TRANSMITTAL (in duplicate) Return Receipt Postcard

Attorney Docket No.: 13DV-14141/11730 (21635-0052)

Application No.: 10/015,257 Filed: December 13, 2001

Note:

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PTO/SB/21 (02-04)

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			Application Number	10/015,257			
	ISMITTAL		Filing Date	December 13, 2001			
F	ORM		First Named Inventor	JONES et al.			
(to be used for all cor	respondence after initial	l filing)	Art Unit	3723			
			Examiner Name	GRANT, ALVIN J.			
Total Number of Pages	in This Submission	5	Attorney Docket Number	13DV-14141/11730 (21635-0052)			
		ENCLO	SURES (check all that apply)				
Fee Transmittal Fo	orm	☐ Drawin	g(s)	After Allowance Communication to Group			
Fee Attached Lice			ng-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Rep	ly	Petition	1	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final		Provisi	n to Convert to a onal Application	Proprietary Information			
Affidavits/decla	aration(s)		of Attorney, Revocation e of Correspondence Address	Status Letter			
Extension of Time	Request	Termin	al Disclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request			st for Refund imber of CD(s)	Issue Fee Transmittal (in duplicate); Certificate of Mailing; Return Receipt Postcard			
☐ Information Disclosure Statement							
Certified Copy of Priority Document(s)			rks				
Response to Missi							
Response to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNAT	URE OF	APPLICANT, ATTORNEY, O	R AGENT			
Firm or	McNees Wallace						
Individual name	K. Scott O'Brian		 				
Signature 16 Junt 18			m				
Date January 4, 2005							
	CE	RTIFICA	TE OF TRANSMISSION/MAI	LING			
I hereby certify that the Service with sufficien Alexandria, VA 22313	t postage as first cl	lass mail ir	simile transmitted to the USPTO nan envelope addressed to: C	or deposited with the United States Postal ommissioner for Patents, P.O. Box 1450,			
Typed or printed name	Typed or printed name Kimberly A. Newell						
Signature / Kimbs U. Sulull Date January 4, 2005							

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OTE	Complete if Known				
FÈE TRANSMITTAL	Application Number	0/015,257			
JAN 0 6 2005 For FY 2005	Filing Date	December 13, 2001 JONES et al. GRANT, ALVIN J. 3723			
Effective 10/6 2004. Patent fees are subject to annual revision.	First Named Inventor				
Effective 10 (\$2004. Patent fees are subject to annual revision.	Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 1,715	Attorney Docket No.	13DV-14141/11730 (21635-0052)			

TOTAL AMOUNT OF PAYMENT (\$) 1,715					Attorney Docket No. 13DV-14141/11730 (21635-0052)				
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
	3. ADDITIONAL FEES								
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order					Entity	Sma <u>ll</u> E	ntity		
☐ Deposit Account:									
Donosit			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Deposit Account	50-1059			1051	130	2051	65	Surcharge - late filing fee or oath	
Number						2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit					130	1053	130	Non-English specification	
Account	McNees Wallace & Nurick LLC			1812	2,520	1812	2,520	For filing a request for reexamination	
Name					920*	1804	920*	Requesting publication of SIR prior to	
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application					1,840*	1805	1,840*	Examiner action Requesting publication of SIR after Examiner action	
Charge fee(s) in	ndicated below, exce	pt for the filing fe	е	1251	110	2251	55	Extension for reply within first month	
to the above-identi	fied deposit account.	<u> </u>		1252	430	2252	215	Extension for reply within second	
	FEE CALCUL	LATION		1202	750	2202		month	
1. BASIC FI	LING FEE			1253	980	2253	490	Extension for reply within third month	
Large Entity 5	Small Entity			1254	1,530	2254	765	Extension for reply within fourth month	
	ee Fee <u>Fee D</u> ode (\$)	<u>escription</u>	Fee Paid	1255	2,080	2255	1,040	Extension for reply within fifth month	
,,,	***	filing fee		1401	340	2401	170	Notice of Appeal	
		n filing fee		1402	340	2402	170	Filing a brief in support of an appeal	
	•	filing fee		1403	300	2403	150	Request for oral hearing	
1004 790 2	004 395 Reissu	ue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2	005 80 Provis	sional filling fee		1452	110	2452	55	Petition to revive – unavoidable	
	SUBTOTAL (1)		(\$) 0	1453	1,330	2453	665	Petition to revive – unintentional	
				1501	1,370	2501	685	Utility issue fee (or reissue)	1,400
2. EXTRA CLA	IM FEES FOR UTI			1502	490	2502	245	Design issue fee	
	Extra Clain		Fee Paid	1503	660	2503	330	Plant issue fee	
Total Claims	- ** = 0	X Delow) = 0	1460	130	1460	130	Petitions to the Commissioner	
Independent				1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims	Claims = 0 X = 0					1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent Large Entity Small Entity					40	8021	40	Recording each patent assignment per property (times number of properties)	
Large Entity Fee Fee	Egg Egg			1809	790	2809	395	Filing a submission after final rejection	
Code (\$)	Code (\$)	ee Description						(37 ČFR § 1.129(a))	
1202 18 1201 88		laims in excess of 2		1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1203 300	2203 150 Multiple dependent claim, if not paid			1801	790	2801	395	Request for Continued Examination (RCE)	
		Reissue independe	ent claims over	1802	900	1802	900	Request for expedited examination	-
	1204 88 2204 44 original patent				900 I	of a design application			
1205 18 2205 9 Over original patent					Other fee (specify) Publication Fee & Advance Order of 5 Patent Copies 315.00				
SUBTOTAL (2) (\$) 0									
**or oumher orevic	*Reduc	ed by Ba	asic Filin	Fee Pa	aid SUBTOTAL (3) (\$) 1,7	15			
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY Complete (if applicable)									

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